## **Retail Food Inspection Report**

Floyd County Health Department Telephone (812) 948-4726

| Establishment Name<br>FAMILY DOLLAR STORE # 21143 (VINCENNES)   |     | Telephone Number  Est 812-948-5846     | Date of<br>Inspection          | ID#                    |
|---|-----|--|--------------------------------|------------------------|
| Address<br>1201 VINCENNES ST, NEW ALBANY IN 47150   |     | Own 757-321-5058                       | 11/18/2020                     |                        |
| Owner FAMILY DOLLAR STORE C/O DOLLAR TREE   |     | Purpose X Routine                      | Follow Up                      | Released<br>11/28/2020 |
| Owner's Address<br>500 VOLVO PARKWAY CHESAPEAKE, VA 23320-5000  |     | Follow-up<br>Complaint                 | ,                              |                        |
| Person in Charge<br>SCOTT SPENCER   |     | Pre-Operational                        | Mary Trees                     |                        |
| Responsible Person's Email VCHERBER@FAMILYDOLLAR.COM  |     | Temporary<br>HACCP                     | Menu Type  1 X 2 _ 3 _ 4 _ 5 _ |                        |
| Certified Food Handler  |     | Other (list)                           |                                |                        |
| CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRAIVE COLUMN MARKED AS "R" |     |  |                                |                        |
| Section # C NC R Narrative  |     |  | To Be Corrected                |                        |
|   |     |  |                                |                        |
| Summary of Violations C <u>0</u> NC <u>1</u> R <u>0</u>   |     |  |                                |                        |
| Received by (name and title printed):   |     | Inspected by (name and title printed): |                                |                        |
| SCOTT SPENCER   |     | A.J. Ingram CHIEF FOOD SPECIALIST      |                                |                        |
| Received by (signature):  |     | Inspected by (signature):              |                                |                        |
| cc:   | cc: | •                                      | cc:                            |                        |